Curated Q&A Call #8 with Jen

Jen (00:00:03):

Okay, here we go. So, today is May 15th, and it's a 3:00 PM Pacific Time call, and it's curated Q and A call number eight with Jen. So now we all know where we are and what we're doing, and yeah, it's nice to see you all. Thank you for coming. We actually have a lot of questions today, and so we will see how we do. I was not able, I knew I wouldn't be able to get to every question, so a few people will receive emails, but you can submit your call. Next week is focused on shock trauma. So if it's for shock trauma, you can submit it to next week's call. In two weeks, there is a general Q and A call, so if your question isn't about shock trauma, and it doesn't get answered today, you can submit it to the call in two weeks. Seth will be hosting both of those, and you're always welcome to ask in the general questions area, and one of our lovely team members will give you a response, so you have options there.

(00:01:13):

So let me tell you there were, like I said, a lot of questions, on a lot of topics. So I'll tell you the categories that I came up with, and we'll see how we go. But we have some general questions that we'll start with that either are very general or they don't fit into a specific category. Then we have a couple questions about, is this related to trauma or the nervous system? We have a bunch of questions about relationships, relationships to ourselves, relationships to other people, and also someone asked about their relationship to exercise. We have some questions about, we have a bunch of questions actually about working with sympathetic activation and survival responses, and some of those fell into the category of how do I know if I'm actually completing something versus, I use the word, repeating something. And then some of them were more to do with fear, anxiety, and vigilance, in that neighborhood.

(00:02:19):

Then we have just a couple of questions on healthy aggression and resistance. So that sort of gives you the lay of the land. So I am going to start with a general question, which kind of made me think, because it was a question this person asks, "What's the difference between emotions and nervous system states? I feel that often my system goes into dorsal vagal freeze and I experience emotions of hurt, sadness, and anxious slash fearful. I'm very tuned into emotions and aware of them much more than I'm aware of what my nervous system state is. I'm wondering if they will be connected or can they be separated?" Okay, so hopefully that's

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

clear. The essence of difference between emotions and states, and how do they relate. So an emotion, emotions are defined differently, in different places. We tend to think of them here as a cluster of sensations that have a specific quality that we associate with emotions. So for example, if you think about sadness, there's also different flavors of sadness, right, which I'll talk about more in a minute, but we might feel some heaviness in the chest. We might feel some like a welling up. There might be a watering behind the eyes or some tears may come and we may feel a quality of feeling touched or we may feel a quality of grief or loss. So emotions though tend to be sensations or clusters of sensations that have qualities or emotions with them.

(00:03:58):

A state on the other hand, what we're referring to here is we're talking about the autonomic nervous system state. And as you've likely learned in SBSM, in reality, like all the states are usually on to some degree, or most of them are, there's a mix of states usually happening, but we talk about them separately for the purposes of simplicity and education. For example, if our sympathetic state is more dominant, we probably feel revved up. We might need to move, we might feel, our thoughts might feel fast or loud. We can also be sympathetic in kind of a survival mode where we can't stop, our knee can't stop shaking, or we talk really fast and we can't stop and feel compelled to talk, or we might feel sympathetic without survival just because we're walking or playing tennis or playing with a friend or a dog or a kid, high tone dorsal, that's part of what we call conservation physiology.

(00:05:01):

We might feel heavy, slow, numb, out of it, spacey, basically less connected to ourselves. We have a little low tone dorsal, then we might feel present and relaxed, dorsal vagal, that is. And with ventral vagal we might feel connected, present, we might feel a sense of ease and flow. So that's kind of a quick overview of the states, but what can be important to recognize is we're really talking about a physiologic response when we're talking about state, what sort of nerve branches are firing up, and then depending on which ones are firing up, then there's different physiologic impacts. And so I'm not going to go into it in the interest of time, but if you review Irene's biology of stress videos, or go online, you can see how our circulation is different. Our eyes when we go parasympathetic, often our eyes water, our vision changes, our hearing changes.



(00:06:01):

So there's actually physiologic changes depending on which states are dominant. So hopefully that's kind of clear so far. And then I thought it would be helpful to talk about how emotions and states in a sense exist independently of one another, but then they also relate. And so if we use that example of sadness, we might think about how the experience of sadness could be different if we're in different states, if I actually felt it, I feel moved right now looking at all of you and be those of you who have your cameras on and your names if you don't, but it's nice to see your faces, and I felt it in my heart, and I felt a little kind of a welling up. And so to me that feels more ventral, ventral vagal, a ventral vagal experience and maybe a little, if I feel my butt, a little low tone dorsal, my belly softened.

(00:07:01):

We can also be really sympathetic if you've ever really sobbed and you are gasping for breath and really loud. And that might be more of a sympathetically driven experience of sadness. If we feel depressed and heavy and we just cry and cry, and I know this very well personally and it will never, ever, ever end, right? Then that's more of a freezy dorsally experience of sadness. So we can have, depending on the state we're in, the way we experience emotions may be different. So hopefully that helps a little bit. And Irene has a video, it might help. You can always review the biology of stress videos in SBSM. And then Irene has two YouTube videos that might be helpful to link to if you want to review them. And one of them is polyvagal theory explained, and the other one is that emotions are neutral by design.

(00:08:09):

And the last thing I'll mention here is that it's okay if we don't know what state we're in for a while, if we put pressure on ourselves, like, oh no, I don't know. It's more important to not just, it's more important to be listening to ourselves and attuning to ourselves and saying, oh, I notice I feel sad. I'm going to take a moment and feel my hand on my chest and maybe I will notice if I want to make myself a cup of tea or get a blanket, so that listening to ourselves is primary, and then knowing what state will win will likely come with time as you continue to explore the work.

Okay, so next question. "As an alum, I always orient and track sensations." So this is someone who's been around SBSM for a while and they say, "Now I only occasionally do an exercise, and I feel guilt that it's not enough. For example, if someone practiced advanced diaphragms daily

for a period and nothing else, what might be the benefits or the disadvantages after having been through the whole program? Are there pros and cons to choosing just one or two of the exercises and sticking with them? Is it important to keep going through it all? Basically how do you develop a longstanding practice?"

(00:09:41):

It's really personal because some of us, even after doing it, for me, I've been on what I think of as the slow path. So even after being engaged with a work for a while, it was a lot for me to really go through all the practices and pay attention and be present. So some people might stick with a few practices for quite a while, and we often hear this, and there might be a benefit to that. Other people might find it more helpful to go through the course repeatedly. What's primary is listening to yourself and following your impulses and giving yourself permission to explore and experiment, because so much of this work really is about exploring and experimenting. If you're not sure if you're drawn to the advanced diaphragms practice, then maybe do that for a month and see what you notice. And if you start to feel like you can't sleep because so much is coming up from hanging out with your diaphragm so much, then you might back off a little bit and do some kidney adrenal work.

(00:10:51):

I am curious, you mentioned the guilt. So the guilt, it might be a little bit of a separate thing or a separate question from developing a practice. And so there's an opportunity there whenever we notice something like that to take some time and say, okay, guilt tends to be a little bit more cognitive, like I should be doing something differently or, so is there a somatic equivalent to that or a corollary to that? So when you start to think about doing that and the guilt comes, if you check in with yourself, is there some shame present? Is there some fear present? Do you notice something happening in your physical experience? So that could definitely be something to explore too. The other thing that comes up is this thought that if I get it, and I didn't hear this so much from you who asked the question, but it comes up a lot, so I'll mention it, which is if I get it right, if I figure out the right way to go through this course, then I'm going to get all the benefits that I came for, that I'm hoping for.

(00:11:55):

And it really is about listening to ourselves. All of the practices do have benefits. And so over time there is this possibility that they can live inside of us and that we can both be living with

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

them to an extent without thinking about it. And also that we can draw on them as needed based on what's happening in our lives or in the moment. And so I was reflecting on this, I went to - my niece's going to be 12 - and she had a middle school choral concert last night. And so I was sitting there at the choral concert thinking about these questions and I was noticing like, okay, how do the practices relate to my experience here? And I could really feel my diaphragms, especially in my torso, in my head. And then I was like, oh, but between my pelvis and my feet, interesting.

(00:12:53):

That's not as accessible to me right now. So that might be a clue, oh, maybe I want to explore that practice in the coming week or two or so. I noticed my kidney, I sort of thought about my kidney adrenals and they were soft and then my belly was soft. I felt my sit bones and my spine and the chair, you can hear me slowing down as I come more into the practices, maybe I feel myself slowing down. I was orienting to the colors and there was lovely sounds. I don't know, it's the first time I ever heard hand bells, was going to her concerts, and they were really lovely. So that's a way that in time the practices can actually live inside of us and we can draw on them as needed. And that doesn't have to happen from going through the course over and over.

(00:13:47):

It can be like, oh, you know what? I really feel like I have an intention of working on settling for a while and so I'm going to really focus on the basics and the kidney adrenal practice. Or for some people the mediastinum is a more direct path to settling. So coming back to what your intention is, what your interest and your impulse is, and what feels supportive to you would be the bottom line. And there is a YouTube video that Irene has, which could have some related thoughts for you, called 'How to create a practice to build nervous system capacity'. So that might be worth a watch as well. Okay, making sense? Yeah, a little bit, have some nods and some maybe nods.

So, well, we will go to the next question. "I'm curious if you could speak to what's happening in the nervous system when someone has," depending on where you live, it's either pronounced, "tinnitus" is in the US but other places pronounce it "tinnitus".

(00:14:54):

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

So that's what this person is asking about. They've been dealing with it on and off for the past five years and would like to work with it with the nervous system. Okay, so I think most of us are probably familiar with it, but just in case, it technically refers to a ringing in the ear, that's where the name comes from. But in terms of the diagnosis or the condition, it refers to sounds that someone hears that others don't hear, which could be things like ringing, clicking, pulsing, humming or rushing, or other sounds. I was surprised to learn that up to 15% of the world's population experiences this from either ongoing or from time to time and that it can also be subjective or objective. And what that means is that there are in fact sounds going on inside of us all the time, but we often don't hear them, or don't hear them in a way that is distracting or uncomfortable.

(00:16:01):

So that would be the objective. We're hearing a sound that's there. The subjective is more that we're hearing a sound that might be created more from our system, from our mind. So it's more of a sound that's created versus a sound that we're hearing, that's happening because our blood is moving, for example. So there can be different types of tinnitus. And one of our teachers, Kathy Kain, said that there's, she's looked into this, she comes across it a lot, and she said there's over a hundred causes of tinnitus. So there's a lot of causes. And just to give you a few examples, wax, brain inflammation, the crystals in our ears can get out of whack. We can have injuries to the ear, it can be related to hearing loss medication, Meniere's disease, TMJ and more. So I think this is important because some tinnitus is nervous system related, but not all tinnitus is nervous system related.

(00:17:12):

That doesn't mean that the nervous system, growing regulation and capacity, may not be helpful because it could potentially, for some people it does lessen or dissipate the experience like hearing, the experience of hearing a sound. But for other people, even if the sound doesn't go away, it can make it more tolerable. So the short of that is that I, growing regulation and capacity, can be helpful, and to what extent is to be discovered as you explore the work. For some people, I want to add, for some people it's sort of like a little slight annoyance, but for other people it can be debilitating. So if you're someone for whom it's really painful and has a big impact on you, then bringing some kindness, some care, some compassion to yourself might be well placed. And something to consider.



(00:18:15):

I'm just looking at my notes for a sec. The other thing is depending, because there's so many causes, it's hard to say, this practice working with the diaphragms of the head will be helpful. It's hard to pinpoint it specifically on the whole of things. It would be interesting to look at is there a relationship between your experience of the sound and when you feel more settled and when you feel more activated? So does it change, does your experience of the tinnitus change depending on what you're noticing in your experience and in your nervous system? And you might also, as you're exploring, notice specific practices, does some specific practices, do you really feel it less, and does some specific, can't say that today, some specific practices make it louder. So sort of looking for patterns and clues is a little bit like a detective in terms of practices.

(00:19:13):

In addition to the basics, you might explore the gut-brain connection, watering the brainstem. I'm working with sound, maybe very in a very titrated way through voo, or explaining, exploring the changes of, oh my gosh, I don't know why I can't talk today. Exploring the chambers of the body with sound or even just sometimes we can mirror our internal experience externally and it can be helpful. So if I'm hearing a ringing, I'm going to make a sound just to give you a heads up. If I'm hearing a ringing, I might say, okay, if I were to make that sound, what might it sound like? Would it sound more like, or more like, but sort of playing with what happens if I externalize the sound, and just exploring that way. And again, depending on the severity and on your capacity, it can be important to titrate more so if there's more going on or you know have lower capacity. So that's that question. We are going to move to the next category, which is can X be related to trauma slash the nervous system? And so this person says, "I have early developmental trauma and some shock trauma too." And by the way, those almost always go together. You don't really have one without the other.

(00:20:45):

"I have issues since I was a child with grammar, I can tell the grammar rules, but it still happens. In recent years when stress increased, I noticed I began to do transposition errors while typing on the computer. I noticed that I switched the places of letters. For example, instead of Joshua I write 'Johsua' or instead of 'August' I write 'Auguts'.. It doesn't always happen and it doesn't happen with every word. Could it be a trauma response?" So I want to

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

say, learning is complex, right? And the conditions we grow up in do and how our nervous system functions does impact how we learn and how our brain functions. But we can't always say for sure, oh well, trauma is causing this, right? Or it's not always that direct. It is. You did say though, you do give us a clue, because, you say, in recent years, when stress increased, "I noticed I began to do the transposition errors."

(00:21:52):

So the fact that there seems to be a connection between stress and this happening more lets us know like, oh, okay, this could be a response to stress or something related to a past trauma. And so a way that you can explore this is to, one, you can just think about the experience and start to notice what happens inside, and see if something arises like a sensation or an emotion or an impulse. Or you could start to write very slowly and maybe even intentionally transpose some letters and see what happens. So just sort of exploring if there's a specific connection between this behavior of transposition and something else that you're feeling or experiences inside. I'll also share, it doesn't sound like this is the case with you, and some adults have really severe learning differences that weren't diagnosed or treated when they were kids, and alongside growing regulation, because the other thing I wanted to mention is that some states like ventral vagal is more conducive to learning.

(00:23:17):

When we're more settled, we have more access to our executive functioning. So there is definitely a connection between our physiological state and our ability to learn and take in information. And there can be other things that play too. And so if you're someone who has really real challenges with things like reading, writing, there are adult learning specialists, and I know some people who have been really helped by meeting with an adult learning specialist later in life and learning some strategies to be helpful, to help with what they're dealing with. So just a side note.

Okay, next question. "Can itchiness or irritated skin be associated with sympathetic activation or anything else? Nervous system related? I often feel itchy all over my body for no particular reason. And it seems to happen when I feel more anger and anxiety. Also, I sometimes wear certain clothes and on one occasion they feel fine, then I can wear them again and they irritate my skin and make me itch."

(00:24:29):



"I generally seem to have more sensitive skin when I'm processing things, but I'm not sure if it's just a coincidence." So the short answer is yes, itchiness and sympathetic activation can be related and they often are, and you may have seen on Irene's website, she has some pictures, because of her chemical trauma, she experienced a lot coming out through the skin. And that's a little different than itchiness, but I bring it up because a lot of times when we're doing this work, things show up in the skin, the layer of the skin, and Irene has a story about coming out of functional freeze where she talks a bit about that. So that could be interesting to watch. And again, there's a clue here because you say when you're feeling more anger and anxiety, both of which are sympathetically driven experiences, then you feel more itchiness. So that gives us a clue like, okay, yeah, there's probably a connection here.

(00:25:32):

And then close sensitivity too, right? The close sensitivity, the fact that sometimes you feel the sensitivity and sometimes you don't. That's very well linked to that. You could be curious when that happens. Do I feel I'm feeling more itchy wearing this sweater? Do I feel more anxious today? Do I feel frustrated or angry? And so that could be something to explore. And one of our, Kathy comes to mind again, she talks about how she often gets excited when people are feeling a lot on the skin because it's a sign that things are moving often from deeper layers out and they're in the process of showing up so that we can work with them and move through them. And so you didn't ask about how to work with this, but all the things, and we'll talk about this some today, and you can go back to Irene's training calls and the other Q and A calls, but really working with expressing the activation. So growing capacity is always part of this equation. And then the other part of the equation is working with the activation. Hopefully that answers your questions. We're into the relationship category. Just to check in. Am I going too fast?

(00:26:47):

There's a lot of questions. So I'm trying to balance thorough answers. Okay. Okay. Thank you for the feedback. I appreciate it. We're into the relationship category. The first question is, "I seem to be looping in the same kind of dysfunctional relationships that mimic my parent's relationship to one another." And to us I'm assuming 'us' means this person and their siblings. "Seth mentioned in an earlier Q and A that this can happen when our body, I would say we are looking for healing of the original wound. He said, healing only happens when you find a different outcome. It's in how you respond and that this shifts your experience. I don't quite



understand what this means practically. Can you give an example to clarify this process of healing, looping?" And I think what I understood this to mean is if we're caught in a pattern or a loop, how do we change that or how do we discover a new possibility?

(00:27:52):

And there's another question about this. So you might listen to both answers, to both. You might hear some different thoughts. But first I want to start with that. Basically we learn how to be in a relationship from the people we grow up with. So it's very common that our relationships either mirror the relationships we saw in our parents or they were a response. So we went the other way, we rebelled and tried to be different, but in some way they're often connected until we do this work. And then we tend to repeat the patterns throughout life. Sometimes until we die, if we don't discover this work or realize, hey, this isn't working, I need to do something differently. Or sometimes there's an external impetus that comes in, we might meet someone who we really enjoy being with and they introduce us to some new possibilities in a relationship.

(00:28:50):

So basically we tend to repeat patterns until we decide we need to change or something changes. There are modalities, so I don't know if this is what Seth is referring to, but there are modalities that see these patterns as seeking completion. Something goes over and over because it's seeking completion. I studied Gestalt for many years, for example. And that's big. That's a big part of Gestalt is incomplete. Incomplete. They call it unfinished business, often. And then in SE, somatic experiencing, we talk about incomplete survival responses. So you asked about a different outcome, a different response. And first of all, we may need to, we can often have, when we're talking about a relationship, there are often many layers, especially if we grow up with some dysregulation, as many of us who are drawn to this work did, as many people and just full stop did. And so working through what comes up relationally, even if it might relate to a parent instead of a partner, can be important.

(00:29:56):

So for example, my parents worked really hard and they were also very dysregulated. And so my dad had a lot of rage. So for a lot of my life I was scared and I felt a lot of shame, especially around my dad. And so for me, I had to grow the capacity to be able to work with the fear and to work with the shame. And then as I did that, I had a lot of healthy aggression and then I



worked with a healthy aggression. And so there's layers there. And then eventually my relationship with myself, my relationship with other people in my life and then my relationship with my dad changed dramatically. But I mentioned that because sometimes it can be helpful to look at our relationships to important people in our lives like our parents, and working through what comes up in response to them as well as working with what comes up in a partnership.

(00:30:54):

So the other thing we can do is, if we're thinking about a partner, like some people for example, a common pattern with partners that comes up is when I really need them, they withdraw. In Imago they talk about the octopus and the turtle. And so a way that you might explore that is, okay, what's not happening or what didn't happen that needs to happen. And so in that case, maybe what needed to happen is that someone was really present with you. And so you might explore, okay, maybe there's someone in your life now who can actually do that, or you might start with a pet or nature or in your imagination and feel like what does it actually feel like if someone is really present with me and I feel heard and I feel seen and listened to and my needs are met. And so I'm kind of shortcutting this because there's usually a lot of steps between A and getting to the point where we really are taking in love and care and tenderness if that was foreign. But the key there is that we're working through what comes up in the situation and then we're looking at, okay, what wants to happen that didn't get to happen? And starting to work with that and feel and really feel in ourselves what happens as we do.

(00:32:30):

Just looking to see if there's, yeah, and you may have already seen it, but Irene has a, there's a video out there about the connection between nervous system dysregulation and toxic abusive relationships. And I know you're not asking about toxic relationships, but you might be even though you didn't mention that, but there might be some things of interest there. And then I can't remember, Ari, so if you can't find it, I'll try and find it later. I forgot this one, but I think there's one where Irene and Seth talk about, or Rebecca you might know where Irene and Seth talk about their relationship and how it's changed over time and that might be helpful to listen to too. So those are two things that came to mind.

(00:33:16):



And I also want to say it's a little, for me, it's a little less clear when we're talking. I don't know the specifics of your situation. So someone asks about restless leg, and I may actually go there next because it's connected. Let me see here. Where is that one? Yeah, I'm going to jump that one and then I'll come back because sometimes when there's a movement, you can actually see the completion process a little more clearly. So this question is, "I'm a second time alum here and I'm still unclear in my understanding," and this is really interesting to me, "why restless leg syndrome is a symptom of stored sympathetic energy and not a release of that energy." And so for those of you who don't know, restless leg is where people are sleeping and then their legs start to make movements, and often it wakes 'em up and it's hard to sleep.

(00:34:17):

And that's the essence of what people are referring to. And from a nervous system perspective, which I'll talk about in a sec, that it's often indicative of a flight, underlying flight response. This person has actually been living with this condition for at least 61 years and because of the course, they now understand that during the day they mostly live in functional freeze and fawning. "So when I go to lay down at night, my stored fight or flight energy laying underneath my freeze response is making itself known. Please clarify." So you are asking about release versus you're saying, why is it a symptom of stored sympathetic energy and not a release? I find the word release a little confusing, honestly, because you could say there is an expression of energy. If I have a lot of tension in my arm and then I really feel into it, I'm like, oh, my arm wants to shake.

(00:35:23):

There is energy moving there, there is energy expressing. But that doesn't necessarily mean that if I have a held, an incomplete survival response such as a need to run and get away, that doesn't necessarily mean that moving my arm or in this case moving your leg is going to complete the response. So I think that's where there's an important element here, that moving is expressing, is a way to express energy, but that doesn't necessarily mean you're completing something. And the way if you were completing something or in the process of completing something is that something would change. You would notice that your movements actually get bigger for a while or you would notice that they start to get less intense or there's a change in the movement, or eventually they start to happen less frequently. So the way we know something is in the process of changing or completing is that something is different.



(00:36:36):

I want to mention, before I go into what is required for completion, I want to mention that loops can show up in different ways, right? Loops can show up in our thoughts, they can show up in our movements, they can show up in our behaviors, we can have emotional loops. So sometimes we just have a pattern that repeats, right? And that can be very common. And in this work, what we're looking to do is, okay, how can I discover a different possibility? Is there something here looking for completion? Going back to the last question too. So for something, in order to work toward completing, there are a few things that need to be present. So first of all, we often need to slow down so that we can actually hear in more detail what's happening and what wants to happen. And I also think about it slowing.

(00:37:30):

Whoops, just knocked my table, slowing down, as giving the mind and the body a chance to connect. It's like, really hear each other. It's like if you always take the same road and you're going 75 miles per hour, it's like you don't see much. But if you slow down, you might see like, oh, there's a restaurant over there I've never seen before. Maybe I'm going to go check it out. So in the slowing down, we tend to recognize that there are different possibilities. The other thing is that we need to be present. So that's where orienting is so foundational because as we're feeling what wants to happen in the leg, can I also feel that, oh, there's my bed beneath me, I'm in my room, I can smell my jasmine. So can we have some presence in the here and now while we're exploring this? In this case, this movement that wants to happen, we also need to work within or close to being within our nervous system capacity.

(00:38:50):

If we just want to express, then we don't really need to worry about that unless we're someone who is highly symptomatic. But if we're looking to really support change and support completion, then the closer we are to our true nervous system capacity or our true window of tolerance, the more likely we are to create a sustainable shift. So just to review at a high level, we want to slow down so we can really grow awareness of what wants to happen. We want to stay present, orient to the here and now, and we want to work within or in the neighborhood of our nervous system capacity. The other thing is that some of you know that I focus a lot on early developmental trauma, partly because that was my experience. And when that's in the picture, we also need to learn how to settle. We need to learn how to access those low tone,

dorsal vagal, those ventral vagal physiologies more, grow access to them. Because if you think about it, the whole idea is there's a wave that comes up. Oh, can you see me? I just realized the sun is in my face. But here, let's see here. Hopefully, is that good enough? Yeah. Okay, thank you. The wave goes up and we want the wave to come down.

(00:40:24):

Some of us didn't really learn to come down too often or easily. And so when that's the case, we also need to learn to come down because part of the completion process is like, oh, here's some activation. It's arising, the wave crests, then it comes down, oh, I take a deeper breath, I land a little heavier. Thank you for the comment. I land a little heavier in my chair, I'm more aware of my surroundings. So I want to mention that because sometimes with this work, and I mean I'm talking about the general stuff that's out there, not necessarily like Irene and Seth, but generally out there, there can be so much focus on staying with the sensation, release, express, feel it to heal it, and that can be great, but if we don't know how to settle, then that's not really often going to lead to very much sustainable change. So hopefully that gives you some things to work with. The other thing that I would mention is especially when we're not noticing change, titration can be our friend.

(00:41:34):

Yeah, I honestly don't think we can titrate too much because often the less we do the more we notice and we can always do more. So that could be something to play with. As well as, last thing. A way to titrate can be to do this not in the middle of the night because sometimes in the middle of the night it's like something just happens. There's a lot happening. It's hard to really slow down and pay attention. So exploring this during the day could also be something to try or something to explore. And there's, Irene has a video which may or may not be of interest, but I wanted to mention it. It's a real life example of an organic trauma release. So you might check that out.

(00:42:23):

Okay, here we go. Going back up to the relationship category. So "I'm living," this is the next question. "I'm living with early developmental and other traumas, and my issue is that I often lose connection with myself. It disguises itself as tiredness, which can be very extreme. My muscles have tightened for which I'm having Alexander technique lessons. Sometimes I can only sleep the whole next day. It's the same old level of fatigue I had when I had chronic



fatigue syndrome 23 years ago. Any help please? Thank you so much." Okay, so there's two questions here about connection with self. And so I'm going to answer them kind of together because the other question is about, where'd it go?

(00:43:24):

Alright, I'll answer this one, then I'll refer back because it's odd. I thought it was right after this one. So first of all, connection with self, people mean different things when they say that, when they say I feel connected to myself. But in this context, I think generally we're talking about, I feel present, I can sense myself, I feel embodied. And so the nervous system states that support those experiences are having some access to some low tone, dorsal vagal and some ventral vagal, right? Those can help us. We might have other things going on too, but they really are the states that support us feeling more connected to ourselves, to others present, embodied and aware of what we're feeling.

(00:44:21):

So losing connection to yourself from a nervous system perspective might look like going into higher states of sympathetic activation, which may be happening, often, tension, like that chronic tension is a sign of underlying activation. And then the extreme tiredness might be a sign of freeze conservation physiology. So that tells us that there's likely this loss of connection because there's things arising under the service. So taking steps to grow capacity, the basics labs one and two, noticing the practices, maybe the kidney adrenal or the brainstem practices that help you to settle, really growing capacity so that you can start to become aware of what's arising under the surface, can be very important. The other thing is that given that the sympathetic system is a system of mobilization, remember we're talking about sympathetic energy coming up from under the surface, up under the surface.

(00:45:32):

Then some gentle movement. You mentioned how tired you are. So you might not want to go for a jog, but maybe exploring Elia's movement lessons, maybe a Feldenkrais lesson, maybe just a gentle walk or some intuitive movement. So that might be something to explore too. Other practices that come to mind, really anything that grows capacity, but also diaphragms might be interesting, potent posture. I already mentioned Elia's lessons, voo, a little voo. And then there's a lot here that you mentioned, early trauma. So reviewing some of the early trauma resources might be helpful. And Irene has that video on YouTube, 10 Things to Know in



Healing Early Trauma, which can offer a nice summary, offering reminders of what we need to be aware of. So there might be some good stuff in there. So hopefully that helps.

And the question I was looking for is next, I guess I missed it, but there's a related question here, which is "I always try to divide myself up, from dividing myself up, sensing and perceiving to dividing my actual body when I sense myself as a whole being," and this person says for them, "as it should be, as it feels healthy," then they get agitated.

(00:46:57):

"So I would like some thoughts on how to address this practically in a practice. Thank you."

(00:47:05):

"Something else may be related. If something good happens, if I notice some healing, then I have a very hard time resting, I distract myself afterwards and I can't stop." So there's a few things here, but basically they're saying when they sense themselves as a whole being, they get agitated. And so their tendency is to sense themselves in parts, divide themselves up, and when they notice good stuff, then it's hard to rest and distract themselves. So another, this is a very similar question to the last one, just showing up a little differently because remember you're saying when I sense myself as a whole being I get agitated. Well, agitation is a form of healthy aggression. So that's telling you some sympathetic activation is arising, and that's not a bad thing. It's just saying, okay, when I tune in, I'm sensing what's under there.

(00:48:09):

You might consider one, you asked about practices. One thought would be to work with the healthy aggression practices in lab six and seven, and you might do it in a titrated way a little at a time. The other thing is that, and that might look like, sorry, I'm kind of jumping ahead. So to come back that might look like just little bits of where agitation might be, do you have, when I think about it, I want to kind of rock a little bit and shake my hands. And so you might just find these, that there could be big expressions, but there could also be these little expressions. And to know that it's okay to go back and forth between what's familiar to us, like feeling yourself in parts and feeling yourself as a whole. Because often if we're moving towards a new experience that's different and less familiar, the way we do that is by going back and forth between what we knew, know and the new experience. And it can be helpful to remember that that's part of the process and not that anything has gone wrong.

(00:49:22):

The practices also, I won't mention all of 'em because I already have, but the practices that help you to grow capacity like diaphragms come to mind, those could also be helpful to create more space for the agitation that's rising up. Some other practices in addition to the ones that I've already mentioned today, finding the painful and the pleasant in lab six, and tense to relax. Both of those are in lab six. Those, I think those are two of the most foundational practices. So you might explore those. And then there's, Irene has two YouTube videos. She has more than this, but one is about titration, why it's important when healing trauma. And one is about pendulation, how to shift focus to calm overwhelm. So those might be worth reviewing, both for you and the person who asked the last question. And really honestly, I think everyone can watch those because they're so foundational.

(00:50:20):

Honestly, those are some of the most helpful practices in living my life, not just in nervous system work, but I am leaving to drive partway to Montreal tonight a little bit after the call. And so in addition to preparing for the call, I was also packing and doing stuff around the house. And so titrating, doing okay, I'm going to set a timer. I'm packed for 15 minutes, then I'm going to lay on the floor for five minutes. Then I'm going to go and I'm going to gather the links for Ari. I'm going to do that for 10 minutes. So kind of moving back and forth between things and doing things a little at a time for me has been changing, not just well in my nervous system, but also in practical ways in my life. So that's an invitation for all of you to watch those if you haven't seen them 10 times already.

(00:51:12):

So next question, "How do you know the difference between feeling resistance? Because your gut is telling you something's not safe or not good for you, so avoid it. Or just because you're feeling it, just because it's something new and unfamiliar. So you might lean into it and try it." So I'm going to answer that first because the other part adds some complexity. So really we can always take time to notice, okay, when I think about doing this new thing, I feel my belly get tight. We don't need to know right now whether that means it's something that would actually be really fun and enjoyable and enlivening, or it would actually be really, really, excuse my language, but it could just kind of suck and be not something that we enjoy. And so we can always take time for the response that comes up. There's always an opportunity there.

(00:52:12):

And then sometimes as we work through what comes up, the clarity emerges pretty quickly. We sort of feel like, oh, I have this layer of I'm feeling scared. Let me really take time to let some trembling go through, move a little, feel my spine in the chair, for example. And then it can be like, oh, actually, yeah, actually that party tonight I think would be really lovely. Or Whoa, what was I thinking? No way do I want to go to that party. So sometimes the clarity emerges, but sometimes it doesn't. If it doesn't, we can always imagine. We can always kind of work in our imagination. See, okay, what happens if... is the light really okay? I'm sorry you guys. I'm not used to, I sit here a lot, but it's usually during the day. So I'm not used to the sun coming in here.

(00:53:10):

There's part of a window that blocks it, but if I move the right way, it kind of goes in my eyes, but I think, all right, I just won't move too much. Sorry, some comic relief, hopefully. So yeah, we can work in the imagination. We can imagine doing something and notice what comes up and works with that and then notice what else comes up. So maybe I feel a little fear, but then if I go and I keep going and I know... I don't have curtains or shades in these windows, I need to get them. It's on my list, but thank you, someone popped that in the chat. That's what I'm responding to. So working in the imagination with what we want to do and noticing if I go, what if I'm on the other side of the fear and I'm at the party, then what do I imagine I might feel?

(00:54:03):

So we can work in that way. The other thing is you use the word resistance, and often with resistance there's something under the surface. It could be healthy aggression is pretty common to be under the surface with it, resistance, but it could be something else too. So when we notice resistance, it can always be an opportunity to take time to get curious about what's coming up under the surface. Again, I forgot this one, Ari, but if you can find Irene's free resource about working with resistance, that one might be helpful here. So the next part of this is that they said that they're listening to Irene's talk on toxic relationships, the one that Ari popped in the chat earlier, and she shared a bit about her first marriage. Can she share more on that and how she knew that sensing indicated that she needed to leave the marriage versus making changes.



(00:55:00):

So I can't speak for Irene, so I don't know the details of what was happening for her, but I want to acknowledge that sometimes it is clear. Sometimes we just know this really isn't working right, and either it's clear because there's abuse or it's clear because our partner's just completely disengaged and it's been that way for 20 years and they have no interest in seeing a therapist. And we just get to the point where, okay, I want more for myself. Doesn't mean I may not love the person, but I want more. So sometimes it's clear, but often it's not, because relationships can be complex. And so it can be sometimes helpful to acknowledge that and then to think about, okay, what are my intentions here? I went through a divorce and it was with someone that I'd known for... We weren't together this whole time, but we had known each other for 30 years.

(00:55:58):

So he was someone who was really important to me, and I knew I loved him, and there was no cheating, there was no abuse, there was nothing. We were both lovely people, but I am half kidding, half serious. But seriously, there was nothing egregious. And so for me, what I said, okay, this person is important enough to me that I want to clear away some of the layers. I know I have trauma, I know I have stuff about really letting myself be loved, so I want to clear away some of those layers so that I can see more clearly what's happening in our relationship dynamic. Other people might not be as invested in their relationship. They might not feel as strongly about the other person, or they might know there's some incompatibilities, but it can be helpful, I think, to ask what's important to you.

(00:56:54):

And then to also know that if you do the work in a relationship, so let's say you and your partner are open to going to counseling together, that work will serve you whether or not you stay together or not. So it will serve you likely assuming that you see someone who has any skill whatsoever. It'll serve you in your relationship with yourself and it will serve you and likely your other relationships, and if you decide to go your separate ways in a future relationship. So hopefully that gives you some thoughts. I do think, and Irene and Seth talk about this too, I do think working with a counselor can be really helpful, if you can find a skilled couples counselor, and your partner is open to that. So maybe something, I know it's not accessible to everyone, but if it is an option, maybe something to think about. Okay, so it's the top of the hour. So how



about we take a three minute break, just kind of stretch. I'm going to get up and walk around a little and I'll be back in three minutes.

(01:00:23):

Coming back, if you'd like, you're welcome to take some more time too. And the links just when I saw, I dunno if you say Alyssa or Lisa, but the links are in the transcript. So they will be with, Ari gathers all the links, and then they should be with the transcript, so they will all be in one place. So it looks like people are still breaking, but I'm going to keep going just in the interest of time because we still have a fair number of questions. Welcome back, and I'm going to see, I'm going to do a little experiment, speaking of exploration and experimentation, see if I can be a little briefer because we still have a fair number of questions. So this next question is, "I've been in SBSM for four years now, and the last two years I've been going to the gym consistently and regularly exercising."

(01:01:22):

"I have a new relationship to exercise and what I've experienced before. And when weight training, I yawn throughout my workouts. Is this my parasympathetic nervous system and how can I bring my response to other areas?" So first, it's great to hear that you've developed, it's exciting. It sounds exciting that you've developed a new relationship to exercise. And you asked about the yawns. It's definitely a possibility for a number of reasons. Yawning can indicate parasympathetic activity, an uptick in parasympathetic activity, and it's likely the case in the context that you shared. And other times it can indicate other things like sometimes we go into freeze, for example, and we yawn. Or sometimes it can be a way to bypass something. So it can be helpful to look at what else is happening, what else do we notice? So when you're yawning, do you feel yourself, like, drop a little bit? Do you feel yourself, if you're laying on a weightlifting bench, do you feel your spine on the bench a little bit more? Have some awareness of what's around you.

(01:02:36):

Those can help to round out the picture of what's happening in a physiologic sense. You said, how can I bring this to other areas? So it sounds like engaging, assuming that that is a parasympathetic response that's happening. Then there may likely be a connection between



engaging your muscles, using your strength and that parasympathetic response. So with that in mind, you might explore movement in other ways. You might explore, again, Elia's movement lessons. You might explore. Just Seth talks about this a lot. Just I want to say pop in a squat, just doing a squat a few times a day, just sort of taking a few minutes and doing one, two, or three squats.

(01:03:26):

We have these bars. We think about them in the context of healthy aggression, but they don't have to be. They can just be as I do this, I feel my muscles, I feel my strength. It's just a way to move a little and engage my muscles. Also, I have some balls here. So you could get some toys and just like, Hey, squeeze some balls. So sometimes people like to sit on those big exercise balls. So one thing is that you could explore engaging your muscles and just movements generally and see what happens. And you could also, the Feldenkrais practice, potent posture. So tuning into some of these things, rocking, all of those come to mind. And then of course, evoking the parasympathetic response. Another way of saying that is settling and moving and down regulating. So you could also explore the practices like the kidney adrenal practice, the brain stem practice, gut, brain mediastinum, to see if those also help to support the more parasympathetic, more parasympathetic access. So hopefully that answers your question.

(01:04:54):

Next question. So, "During an exercise, let's say I'm doing the layers exercise or practice. When I do that, the tension in my head or my chest increases," and they say they've tried SIBAM many times. And Rebecca, if you're open to it, you might pop that into the chat in case that's new to anyone. SIBAM is a somatic experience. Peter Levine developed it as a way to talk about the different elements of our experience, and it stands for sensation, image, behavior, which includes movement, affect, which includes emotion and meaning, the meaning we make of something. So what that means, I think, is that he's like, okay, I'm feeling this tension. What color is it? Does it have an image? And then he's this, or he or she is talking about pendulating. When they pendulating between different aspects of their experience, I think they orient, and I am not sure what they mean by this.

(01:06:02):

I'm not sure what you mean by this. "I apply the layers to the sensation." So I'm not totally clear about that, but I think, I hope, I'll be able to answer your question anyway. "I always do

orienting impulses and containment if needed. And usually no emotion shows up and still nothing really shifts or maybe a little, am I releasing correctly? 90% of my releases so far have all been in the body." So first of all, tension in this context is usually a clue that there's underlying sympathetic activation arising, and it's very common to feel in the head, to feel the throat and the chest, the belly. Those are very commonplace. And so if we do a practice and we start to feel pressure in our head, then the way to think about it is the activation has just come up very quickly and in a way that we didn't actually feel what was held within it. So when that's the case, it sounds like you're doing all of these things already. The containment, kind of slowing down. You might also titrate more. So that might look like just doing the start of the layers, practice just doing a little of the layers, practice and then pausing to see if you notice anything happening that happens before the tension in the head or before the tension in the chest. So that could be something to explore.

(01:07:31):

The other thing is that you mentioned maybe a bit, so it sounds like maybe something is changing, and sometimes the changes can be subtle. So sometimes it just takes time. We practice for a while, we don't notice much, but other times we start to notice changes. But they seem really subtle. And so it might be that what you're doing, you're working within your capacity, it's just that the changes are subtle and it'll take time to notice 'em. So that's one possibility, another possibility, rather, not noticing emotion. That's not uncommon, especially with early trauma. Sometimes it takes quite a while before we feel emotions.

(01:08:19):

I want to go back to what I said earlier about riding the waves and learning to come down. And so my curiosity, you talk a lot about releases. I would also be curious, are you noticing times and the practices and the resources that support you when you settle, right? Are you noticing the times that you come down as well? Because a lot of what you referenced was more, you're doing some foundational practices, which is great, following impulse containment orienting, and are you noticing growing access to the ability to settle because that really goes hand in hand with working with all that underlying sympathetic activation.

(01:09:04):

I think that covers most of it, so hopefully that gives you some things to work with. This next question is about someone who talks about their coping mechanism and when they were a

teen, their coping mechanism to control or manage their survival energy when they were a teen, was studying. So when they dive into SBSM, they notice many symptoms as they start to study or do mental work, which evokes a freeze. It feels like it would evoke a freeze in the body. And so their theory is that the study and the mental work is coupled, or what we say over coupled with survival energy because of their past. And they mentioned that slowing down the process helps. Is there other advice on how to uncouple or tease apart this relationship between moving towards studying and going towards freeze?

(01:10:08):

So just a reminder that coping mechanisms when we don't have as much self-regulation as we need to hold and feel all of our experiences, and we need things like coping mechanisms or what we call defensive accommodations in order to manage in life. And so it often takes time to sort of, as we grow regulation capacity, often those start to fall away. And as you're asking about sometimes we can also work with them directly, you've already found something that's working right, slowing down, and that slowing down as we have been talking about, we often notice more. So you might just continue to do that, maybe do more of that and experiment with slowing down in different ways because when something works, we can stick with it and potentially build on it too. You also ask for other ideas. When we have over coupling, it means basically we have two things that get kind of stuck together.

(01:11:15):

So studying an underlying activation that leads toward freeze. I don't know if there's fear or anger or what's held in activation, but it's like those two things are going together. So what we want to do is start to explore, okay, how do we tease those apart? And then in that underlying activation that leads to freeze can be curious about what's actually held in there. So there might be some fear, there might be some anger, there might be some grief, there might be, my finger doesn't go up like that. There might be a survival response or some sensations. But so as we slow down, as you're doing and grow capacity and start to differentiate, we can get curious about, okay, what's actually happening? What's actually arising as you start to move towards a study. The other thing we can do is to differentiate elements so we can differentiate the past from the present. So when you're studying and you slow down, you might really intentionally and consciously take in, okay, it's May, 2025, I'm in my home now, not my childhood home.

(01:12:36):

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

I feel my arm as I look around and I see my plants. So really differentiating past from present by bringing yourself intentionally into the present or being aware, bringing your awareness to the fact that you are in the present. You can also explore things like, an element might be like if you always study at a desk, maybe you study at a floor on the floor or you go outside, you can change your position or you can change your environment. If you studied with quiet, maybe you listened to music or a podcast while you study. So you can do some things like that in how you study that can help to bring in some differentiation, and to differentiate what's happening now in your present experience from your past experience.

(01:13:33):

And then the other thing, I already mentioned this, but just to say a little more clearly, is that we can differentiate the stimulus from the response. So the stimulus is, I just start to think about watching a biology of stress video. Can I really take my time there and notice what's the first thing that happens? That's part of what will help us to go from here to differentiating the elements held within that. I am seeing lots of smiles, so it makes me curious. Okay. And then a link or a related, Seth has a related article, Planes, Babes and Incubators, Exploring Coupling Dynamics.

Okay, so I am going to jump down to healthy aggression because they're a little more straightforward. Someone has a loop in their head that plays and it says 'they all hate you'. And since this person started doing SBSM, this is shifting to, 'I hate you', "which might be good as if it's going away from me, except that the words come up when I get out of a chair or see myself in the mirror. And also times when I see other people, it seems like there's anger that needs to come out. How do I get it out without it unintentionally coming back at me?" So with early developmental trauma, it's very common to internalize direct things like shame, healthy aggression, anger towards ourselves. That's very uncommon. So it can help, I think, with having compassion for ourselves to understand why we do that and where it comes from. And if it's painful, then also to kind of really remind ourselves, this is something I learned.

(01:15:53):

Doesn't mean it's true. It just an adaptive strategy I developed. And then we can do some of what you're already doing, which is a great sign by the way that things are changing, which is to direct it externally. And so you can do that, excuse me, when it arises organically. And then you can also do that when you can intentionally practice doing that. Okay, let me see what



happens. If I imagine that that person who pissed me off yesterday because they cut me off when I was driving, I'm just going to remember that and be like, or whatever feels instinctive for you, whichever healthy aggression practice. The other thing that can be helpful if we're coming into contact with our healthy aggression in new ways, and it's been unfamiliar, is to just really let ourselves say, ah, I don't like that.

(01:16:54):

It could be anything. It could be, I don't like olives, for whatever reason. I love olive oil, but olives, I don't like that, right? If someone's unkind like, Ugh, I don't like that. It could be something from the past. It could also just be something from the present. Like I don't like that my floor is really dirty right now. But just letting yourself notice a name when you don't like something can be a way to help us come into contact with our healthy aggression. That can be surprisingly powerful often. And then of course, check out the healthy aggression practices in lab six and seven.

So this person says, "I realized my voice has been loud for others, but not for myself. I had a couple of unexpected but significant rifts in which I'd normally shut down, but raise my voice to speak. For me, my childhood strategy as a peacemaker is shifting as freeze lifts."

(01:18:06):

"I find I have less access to tolerance and patience than normal, which feels enjoyable, but ultimately not the way I want to be. So how do I know when expressing anger is healthy or an overreaction? And plus how to healthy experience rupture, which is part of life." So there's lots of good stuff here. Not shutting down, speaking up where you normally wouldn't, not shifting away from the role of peacemaker. So yay, lots of yay. And then it can be helpful to know that often as we start to come into contact with our healthy aggression, if we haven't for a while, a lot of what comes up is often more about the past than the present. And so the healthy aggression itself is always healthy and there can be implications if we bring that into our relationships where maybe someone did something that was mildly annoying and our healthy aggression is at a 10, then that can lead to some rifts as you were mentioning.

(01:19:13):

And so it may be more important for you to speak up. And if there's people that you're close to, you may let them know what you're going through and why and ask them to be patient



with you and to let them know you're willing to talk through things if you have an impact on them. And sometimes it's helpful to say, okay, I feel a lot of healthy aggression and I know that all that person did is show up one minute late to my call. So I don't know that was warranted to really lay into them. So then it's like we take that healthy aggression and we get off the call and we go and we let ourselves fully express it, or we give ourselves a space to fully express it. So what wants to come up is healthy. If we bring the full brunt of it into our relationship, it can have impacts.

(01:20:06):

So there can be choices to be made there. As you said, rupture is part of life and you ask how to healthily experience it. And hopefully we learn, if we learn to rupture, we also learn how to repair. So when I was younger, I knew a lot about rupturing, not so much about repairing. And if you have one without the other, it can be really different because rupturing without repairing can be quite painful and involve a lot of loss. Rupture with repair can actually lead to deepening relationships and growing authenticity in a relationship. And so if you rupture, then the first thing might be to explore what happened for you so that we can clear out any kind of excess stuff that we were just talking about, but then also to say like, okay, can I invite this person to see if they're open to exploring repair? And then there's a whole lot there, but the essence of it is to can you really hear each other and explore what was happening for each of you and talk about that and what you can learn and what might be helpful going forward. So that's a very short explanation of repair, but hopefully that gives you some ideas to explore.

(01:21:41):

This next question is someone says, "When I encounter literal resistance," so, physical resistance, "I'm vacuuming and it won't go around the corner or my garden hose is all tangled up. I notice that in that moment when I want to get something done and there's this impediment, it won't go around the corner, then I become angry, it gets stuck or caught, and then I feel aggression. What does this mean and what steps can I take from an SBSM perspective?" So what it means, the very short answer is it means that you're feeling healthy aggression. And I don't say that to be flip, but we can often have a tendency to say, where'd this come from? Why am I feeling that, this? And often in this work, we don't know, and the good news is we don't need to know. What we need to know is right now I feel some healthy aggression. And so from an SBSM perspective, you can pause, and you can give yourself the opportunity to express some healthy aggression that might look like, you could actually pull up



a video, and Irene has the one working with the face, I think in lab six. And then there's the voo.

(01:23:03):

And you could also kind of listen for if there's an impulse or you want to make a sound or a gesture, is there something that wants to happen? Sometimes pushing on a wall like, oh, really pushing on a wall or pushing into a tree can be a great way to express some healthy aggression. If you have a towel or if you have one of these, you can like, oh, so kind of feeling into what works for you related to expressing that healthy, giving the healthy aggression some expression. And the other part of this is that depending on your capacity, you'll start to notice at first, if we haven't expressed, it can often feel good to just let it rip, just let it be as big as we need it to be, or as big as it wants to be. But then over time, sometimes titrating the healthy aggression can bring us closer to our capacity and it can also help us to discover other things that may want to happen.

(01:24:15):

So bottom line, good stuff. And give yourself, I would say, if you can create opportunities to work with the healthy aggression. Okay, so hopefully that was clear. If we go 10 minutes over, can you hang out, Rebecca, for 10 minutes over? Yeah. Okay. So we and Ari, you too. Great. You weren't on camera. There you go. Thank you. Okay, so we'll just go. So we have 15 more minutes. I would like to get through as many of these as I can or answer as many as I can. We have one more category, and the last category is working with sympathetic activation and survival responses. More specifically about fear, anxiety, and vigilance. Okay, I am enjoying your dog, Rachel, so thank you.

(01:25:08):

So this next question, "I'm 23, it's my first round. I'm on lab two after some serious overwhelm from going too fast with the work. I live with early developmental trauma and more. I have found some settling this past while, but find myself scared to go near the work as in even open up the website because I'm scared of what could come up from doing an exercise. At the same time, I want to continue in a titrated way as I really hope to move towards a more tolerable place with the shutdown and dissociation I experience." Okay, that was a lot. So just to recap briefly, it's a first rounder. They went too fast, were overwhelmed, and now they're reluctant to engage in the work because when they think about doing it, fear comes up. So first of all, I

want to say it sounds like you're already doing the work, right? Finding some, this past, while when we have early developmental trauma, that's a huge part of it. So if you wanted to, you could just keep working with that for a while, just really growing access to settling and know that that is doing the work, even if you don't open up the website, right? So that's part A. Part B is that, oh, hang on, I just, sorry, I got distracted. I saw that pop up.

(01:26:29):

Oh, okay. Maybe one of you guys, if you don't mind, could look it up. There's two that are basically the same. TheraBand makes one, and DMoose, the letter D, I don't think you can see it. It's on there, the letter D and then the word Moose. They both make 'em. And in the US you can get 'em a bunch of places including on Amazon and there's different resistances. So I like this one. I'm at the place where I actually want one to be a little firmer, honestly, but you can also buy them in packs that have different levels of firmness. Sorry, I don't usually get distracted by the chat, but I saw my name and it kind of took me away, but now I'm coming back. So back to the question where the person started, got overwhelmed, scared to go back. And so what I was saying is you're already doing the work, you can just keep doing what you're doing because growing access to settling is a huge part of working with early developmental trauma.

(01:27:29):

You could also, Irene has, I'm real sorry, Ari, I gave you a lot of links, but I'm really, I did forget a few. So Irene has an article about learning not to fear the fear. So we have to learn not to fear the fear. And so that's another opportunity is as you learn to settle, adjust in a very titrated way a little at a time, you just start to think about opening the website, excuse me, I'm going to burp. And then you see if you can notice the first thing that happens and just, you might even just notice that while you orient or place a hand on yourself or move a little, because fear and flight often go hand in hand. So you could sort of notice the fear or the response to thinking about opening the website and move a little bit while you notice that right now you're just, at least for me right now, I'm just in my home.

(01:28:34):

I see you all on the screen, I see the trees outside. So yeah, so working with the fear itself a little at a time in a titrated way. The other thing is that what you're learning here is part of the process. So you're learning about your pace and your capacity and what works for you. And



that's very much, again, being engaged in the work. You might also remind yourself that you know something now that you didn't know then. So when you engaged last time, I got overwhelmed, you didn't know that. You didn't know what you know now about your pace. And so now you know that it would likely benefit you to be a little bit more titrated. So just know that you can keep doing what you're doing. B, you can start to work with the fear directly a little at a time and maybe with some movement.

(01:29:32):

And then if you want to take other very small steps, you could just work with resources for a while. And in the last call that Seth and I did together on our early developmental trauma, there is, he talks a little bit about, he said it really clearly and beautifully, which I appreciated how sometimes we might just when we're just starting and if we have early developmental trauma, we might just work with placing our hand and just taking a breath, just touching the little bits of settling. And that is doing the work, and the video that I mentioned earlier about the 10 things to know when healing early trauma might be helpful to review. So hopefully that gives you some stuff to work with.

(01:30:27):

Next question, "I'm an alum. I have early developmental trauma, fibromyalgia and chronic fatigue syndrome. Before SBSM I was always busy scanning the environment for danger. Now I feel more safe and I'm growing capacity." So yay, just something to celebrate there. And as you are doing that, you're realizing that you were also scanning your body for symptoms and that as you scanned your body for symptoms, you would interpret normal body sensations or functions as wrong or dangerous. And so I just want to pause there and say that's really common. That happens a lot because when we're in survival physiology or we're vigilant, we're primed to look for what's wrong. And so we see something and we see it through a what's wrong lens, even if it's a belly gargle. So now you say, "I'm scared that now I'll also scan for good symptoms, a sign of releasing old stuff. How can I best work with this?"

(01:31:35):

You're already working with it by simply being aware, so you're aware of these things happening in you. You're aware, oh, I might be prone to do this and know that that's normal, right? As I was saying earlier, part of the growth process is that we go back and forth between the old pattern and the new pattern. So part of it might be to, kind of, I don't know if this is the

SBSM 17.0 Curated Q&A Call #8



May 15, 2025

word but de-stigmatize or something, the possibility of like, oh, I'm scanning for good stuff. And to know that you might do that. And if you do, then that could just be an opportunity to name. like, oh, I noticed that I'm scanning for good stuff right now. Can I take a moment and feel my bum in the chair? Maybe offer myself some self touch.

(01:32:28):

I see the light coming through the trees, it's not in my eyes anymore, but it's still really beautiful. So can you just kind of notice what's actually happening now, notice and name the pattern, and then notice what's happening. Now you could also be curious as to whether there's some kind of an impulse or some type of a response that's arising as you notice that. As you notice, if you notice, okay, I'm starting to engage with that old pattern. And you could also do that. It sounds like you have some fear that that pattern will come back. And as well as knowing that it's fine if it does. You can also work with that fear in the ways that we talked about, the article of Irene's about not fearing the fear. So that would be another possibility. So yeah, so the basic practices, orienting, containment, referring to those titration and pendulation videos may be helpful. And then the other thing I wanted to mention is that sometimes it can be helpful to have reminders, especially where fear is involved. So sometimes people put on their phone or they'll write a card. I love having cards that, just like, okay, it's okay if I notice myself doing X and here's what I can do if I notice that, orient, feel my butt, can practice containment. So reminders can be helpful. So short of that. Alright, so next question.

(01:34:03):

"I'm having a blepharoplasty in a few weeks. I'm usually very anxious." Oh by the way, that's working. I think if you have extra skin in your eyelids or some kind of a deformity of the eyelid, that's what that is. The surgery to fix that. "I'm usually anxious, especially in medical settings. I was prescribed anti-anxiety meds to take a few hours before. What are the best calming exercises to do beforehand? I'm allowed to wear headphones, should I use them or should I stay present and connected with a doctor? Every time I think about the surgery, my heart races, I'm really worried about how I'll feel on the day." Okay, so you might just remind yourself, I wasn't clear from this. And of course I can't give medical advice, but if you are going to take the meds, you might remind yourself, oh, okay, I'm going to have some chemical help, to help me relax. It's not all on me. And if you're not going to take the meds, that's fine too. Everything I'll say here, we'll reply. I just wanted to mention that, in case.



(01:35:09):

So anything at all that you can do to prepare or support or reassure yourself can be helpful. I don't know if it's possible, but if someone can go with you and stay with you as long as they can, that may be helpful. The other thing is Twig, if you could pop it in, Ari, I'd appreciate it. Twig Wheeler is one of our colleagues. He's great. And he has a resource called suggestions for pre and post, post-surgical events, and that can be really, really helpful. And the thing is, I had a surgery and I knew about this work and one of the most helpful things I did is, the week before my surgery, I drove down to the city, which is like 45 minutes away, and I found out where the surgery was going to be. I found out where I needed to park and I parked there, I walked, and so I walked the halls, so I knew how to get to the room. And so any anxiety about how long it would take me, where I would park, where I was going, I was able to remove all of that.

(01:36:21):

Anything you can do to prepare. So what's going to happen on the day for some people, learning about the procedure itself can be helpful. If you pick a medical facility or a doctor you like or you trust rather, you might remind yourself of that. So just kind of remind yourself about all the things that you've done to make this decision and get to this point. The other thing is you can work with the fear and the anxiety and the ways that I've talked about in response to the other questions. And in this situation, you might also have a mantra or a reminder, something like, I've done my research, I'm doing what I can. It'll be okay. Just reminding yourself of the things that you've done and are doing. When you notice yourself feeling worried, orienting to where you are now, you might notice if there's an impulse arising and work with that.

(01:37:21):

And then you can also practice like, okay, I'm worried about what might happen, so let me use that as an invitation to visualize what I want to happen. I see myself getting there, I see it going smoothly. So visualizing how I want it to go. And that can be very powerful and there's agency in that. The other thing is, as far as the headphones or the doctor, you can do a mix of both. But I would invite you to do what feels supportive to you. Don't feel like you have to engage with a doctor if it feels stressful. So really listening to yourself about what feels supportive. And if you do think you're going to wear headphones and you have a recording from SBSM or some music or something like a podcast, whatever feels supportive to you, then you might listen to





that ahead of time when you feel worried, and practice imagining that you're there and you're okay and things are going smoothly.

(01:38:24):

So you could use that. Whatever that soothing resource is, you could use that ahead of time too. So hopefully that gives you some ideas and I hope it goes well, but really check out Twig's resource because a lot of people, including me, have found it to be very helpful. Okay, well I appreciate you guys hanging in here, hanging in here with me, hanging out tonight. And I hope there was something in here that was of interest to you. And thank you, Ari and Rebecca, for being here. And thank you all for hanging out a little late tonight. I'm still, I love doing these calls and especially when there's a lot of questions, I'm still working on how to, the time management piece, to put it in short. Yeah. So yeah, so thanks for being here and I wish you a nourishing end to the last few weeks of SBSM. There's two more calls, and then Seth has a bonus call, and we have a few more. We're coming up on the last lab, and then there's four weeks of moderation after that. So yeah, just going to peek in the chat, make sure, yeah, great. So I think that's it for tonight. So wherever you are in your day or your evening, I wish you a lovely rest of it, and I will see you next time.

(01:40:04):

Bye, all.